



PART B - FEE(S) TRANSMITTAL

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020988 7590 11/30/2005

OGILVY RENAULT LLP
 1981 MCGILL COLLEGE AVENUE
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/667,967	09/23/2003	Thomas Jelonek	15818-2US JA/AD/MB	7891

TITLE OF INVENTION: METHODS FOR DENTAL RESTORATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	02/28/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ORTIZ RODRIGUEZ, CARLOS R	2125	700-097000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CYNOVAD INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ville Saint-Laurent, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-5113 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name Alexandra Daoud

Date February 27, 2006

Registration No. 55,992

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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BY FACSIMILE (571) 273-2885

File No.: 15818-2US AD/bns

February 27, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: CYNOVAD INC.

Application No.: 10/667,967

Filed: September 23, 2003

Title: METHODS FOR DENTAL RESTORATION

Agent of Record: Alexandra Daoud Tel. No.: (514) 847-4333

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A.

ISSUE FEE PAYMENT

Sir:

Please find enclosed the duly executed Form PTOL-85. The Commissioner is hereby authorized to charge \$1,000.00 to cover the Issue Fee and any additional fees, which may be required, or credit any overpayment to Account No. 19-5113.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daoud", written over a horizontal line.

Alexandra Daoud, Reg. No. 55,992
Tel.: (514) 847-4333
OGILVY RENAULT LLP
Customer No. 020988

Enclosures: As Indicated above



- 2 -

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
Patent and Trademark Office on the date shown below.

Alexandra Daoud, Reg. No. 55,992
Name of person signing certification


Signature

February 27, 2006
Date